

USPSTF addresses screening for abdominal aortic aneurysm

19 June 2019



of benefits and harms should be assessed based on the patient's medical history, [family history](#), other risk factors, and personal values. For women who have never smoked and have no family history, the USPSTF recommends against routine AAA screening (D recommendation). For women aged 65 to 75 years who have ever smoked or have family history, the current evidence is insufficient to assess the balance of benefits and harms of screening (I statement).

The draft recommendation statement and evidence review have been posted for public comment on the USPSTF website. Comments can be submitted from June 18 to July 15, 2019.

More information: [Draft Recommendation Statement](#)
[Draft Evidence Review](#)
[Comment on Recommendation](#)

(HealthDay)—The U.S. Preventive Services Task Force (USPSTF) recommendations on screening for abdominal aortic aneurysm (AAA) vary with sex, age, smoking status, and family history. These recommendations form the basis of a draft recommendation statement published online June 18 by the USPSTF.

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Janelle M. Guirguis-Blake, M.D., from the Kaiser Permanente Center for Health Research in Portland, Oregon, and colleagues conducted a systematic review of the evidence for the benefits and harms of ultrasound-based AAA screening and small aneurysm treatment in primary care populations.

Based on findings from the evidence review, the USPSTF recommends one-time screening in men aged 65 to 75 years who have ever smoked (B recommendation). For men ages 65 to 75 years who have never smoked, clinicians should selectively offer AAA screening with ultrasonography (C recommendation); the balance

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